

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09785376		FILING DATE 09/16/01	
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13		12		11			63			
14		1		1			64			
15		12		11			65			
16		12		11			66			
17		12		11			67			
18		12		11			68			
19		12		11			69			
20		6		6			70			
21							71			
22							72			
23							73			
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25							75			
26							76			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	12		11				TOTAL IND.			
TOTAL DEP.	79		73				TOTAL DEP.			
TOTAL CLAIMS	91		84				TOTAL CLAIMS			